

creating new eating habits is the way
to ensure permanent weight reduction

Physicians agree that a weight reducing
program has two objectives:

(1) weight loss and (2) maintenance of weight
loss. The second objective is as important
as the first and, in many cases, harder to achieve.

'Dexedrine' not only helps your patients lose
weight, but also helps maintain weight loss.
'Dexedrine' curbs appetite and, while on 'Dexedrine'
therapy, the patient becomes accustomed to
a lowered food intake. When 'Dexedrine' is
withdrawn, the adjustment made with 'Dexedrine'
ordinarily persists in the form of good eating habits.

Dexedrine*

dextro-amphetamine sulfate, S.K.F.

Tablets • Elixir • Spansule capsules*

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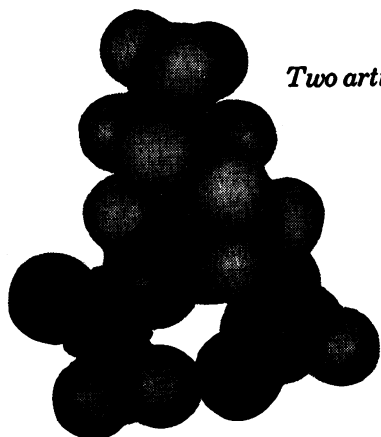


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the originators of sustained release oral medication

*Reg. Can. T.M. Off.

524



THE MILTOWN MOLECULE

Two articles in the April 30th issue of The Journal of the AMA^{1, 2} report on . . .

**an entirely new tranquilizer
with muscle relaxant action**

Miltown[®]

The original metprobamate

2-methyl-2-n-propyl-1, 3-propanediol dicarbamate
(PATENT PENDING)

**unrelated to chlorpromazine or reserpine —
proved effective in**

ANXIETY, TENSION, MENTAL STRESS

- A product of original research by Wallace Laboratories.
- No autonomic side effects.
- Well tolerated. Not habit forming.
- Acts within 30 minutes.
- Effective over a period of 6 hours.

DOSAGE:

*One or two
tablets three
times daily.*

"Miltown . . . is a practical, safe, and clinically useful central nervous system depressant. It is not habit forming. Miltown is of most value in the so-called anxiety neurosis syndrome, especially when the primary symptom is tension . . . Miltown is an effective dormifacient and appears to have many advantages over the conventional sedatives."¹

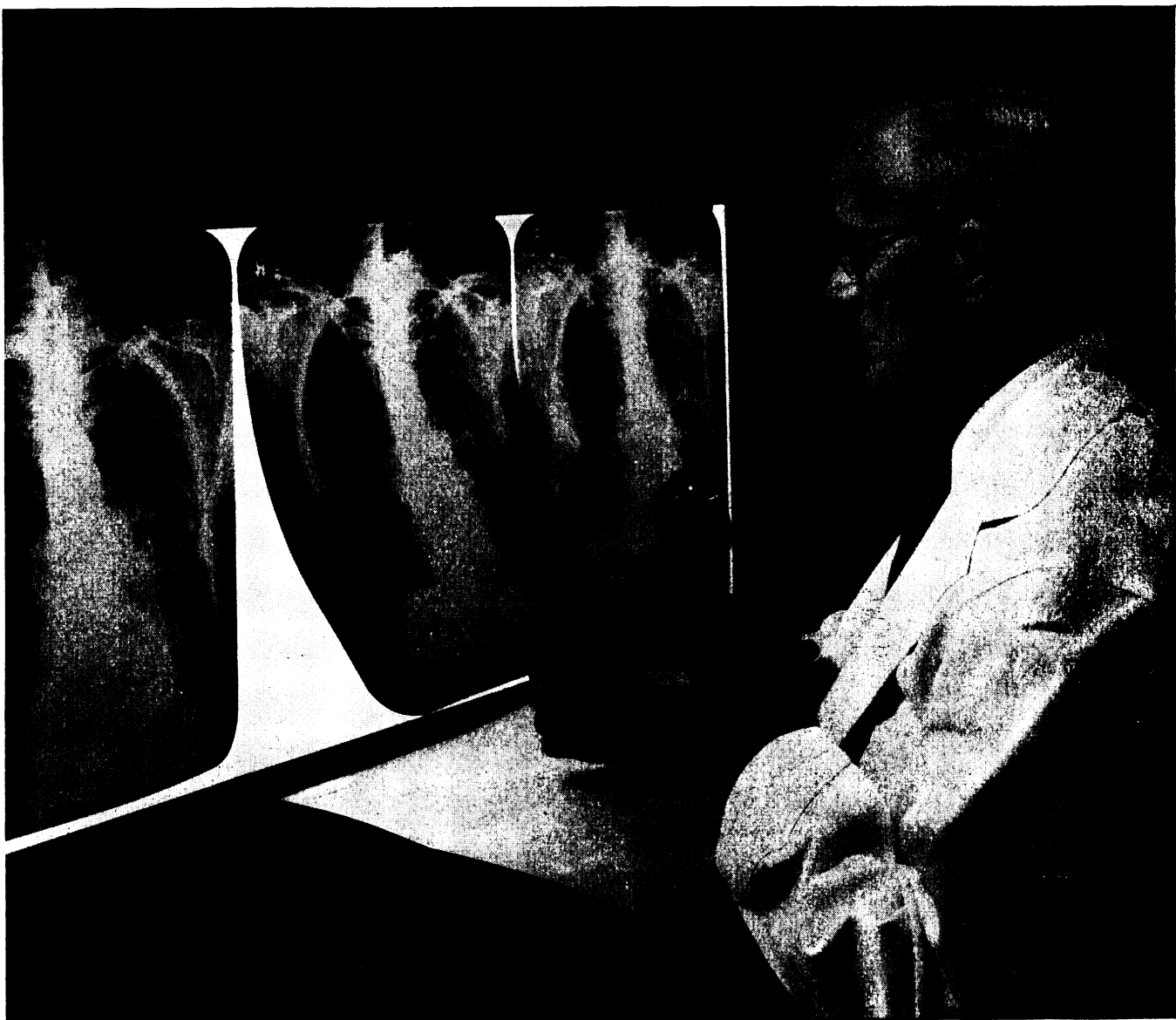
1. Selling, L. S.: J.A.M.A. 157: 1594, 1955. 2. Borrus, J. C.: J.A.M.A. 157: 1596, 1955.

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The discovery and study of chest diseases *put severe demands upon x-ray film*

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Riboflavin (B ₂).....	5 mg.
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Pyridoxine HCl (B ₆).....	0.5 mg.

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Rutin.....	25 mg.
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Iodine (as KI).....	0.5 mg.

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Fluorine (as CaF ₂).....	0.1 mg.
Manganese (as MnO ₂).....	1 mg.
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(Purified)

FOR ACTIVE IMMUNIZATION AGAINST TETANUS

Tetanus Toxoid provides the SAFEST and MOST EFFECTIVE means of prevention. Reactions are few and minimal.

PRIMARY IMMUNIZATION

Three doses at monthly intervals followed by a RECALL dose one year later establishes a solid and durable immunity.

97% of 100 persons who had been immunized 8 or more years previously still had circulating antitoxin.*

RECALL DOSES

A single recall dose following injury effects a rapid rise in antitoxin.

All of 100 persons immunized 8 or more years previously showed a marked increase in antitoxin level within 7-10 days.*

*Moss, G.W.O., Waters, G.G., and Brown, M.H., Canadian Journal of Public Health, 1955, 46:142. The Efficacy of Tetanus Toxoid.

RECOMMENDATIONS

ADULTS

Primary immunization with Tetanus Toxoid and recall doses approximately every 5 years and at time of injury. Especially recommended for persons in industry, rural areas, and those sensitive to horse serum or with other allergies.

The toxoid may also be given combined with Typhoid-paratyphoid Vaccine alone (TABT) or with Diphtheria Toxoid added (TABTD).

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Tetanus Toxoid combined with Diphtheria Toxoid and Pertussis Vaccine—"Triple Antigen"—as generally used throughout Canada.

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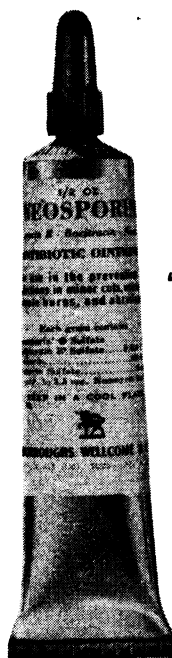
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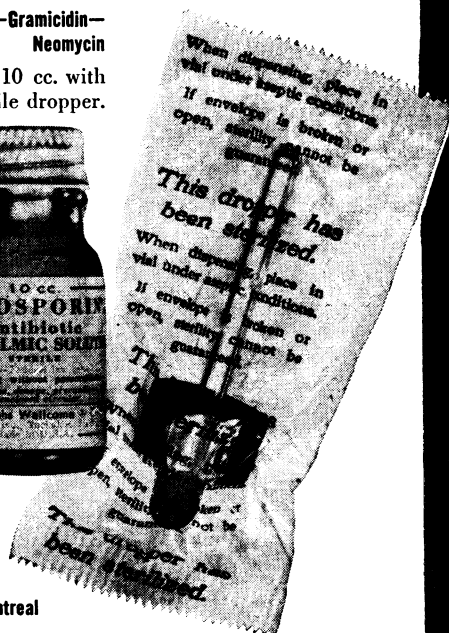
Bottles of 10 cc. with
sterile dropper.



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**ANTIBIOTIC
OINTMENT**

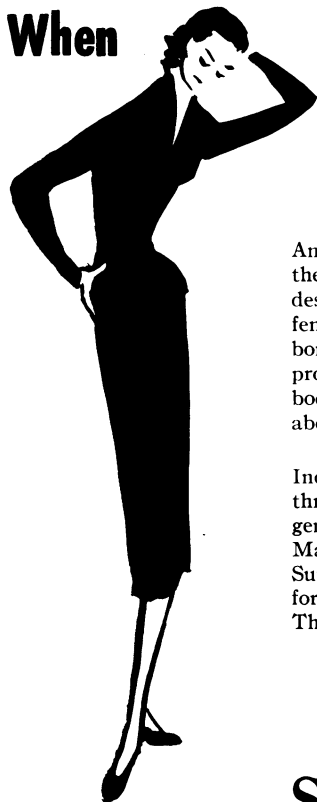
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The fee will be \$225.00 (Canadian funds), payable in advance to the Chief Accountant, Simcoe Hall, University of Toronto.

Application should be made to the Division of Postgraduate Medical Education, Faculty of Medicine, University of Toronto, by June 15th, 1956.

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STARTING DATES—SPRING AND SUMMER 1956

SURGERY—Surgical Technic, Two Weeks, June 4, July 23.
Surgical Anatomy and Clinical Surgery, Two Weeks, June 18.
Surgery of Colon and Rectum, One Week, June 18.
General Surgery, Two Weeks, September 10.
Thoracic Surgery, One Week, June 4.
Esophageal Surgery, One Week, June 11.
Breast and Thyroid Surgery, One Week, June 18.
Gallbladder Surgery, Ten Hours, June 25.
Fractures and Traumatic Surgery, Two Weeks, June 18.
Varicose Veins, Ten Hours, June 18.

GYNCOLOGY—Office and Operative Gynecology, Two Weeks, June 18.

Vaginal Approach to Pelvic Surgery, One Week, June 11.

MEDICINE—Electrocardiography and Heart Disease, Two-Week Basic Course, July 9.

Gastroscopy and Gastroenterology, Two Weeks, September 10.

RADIOLOGY—Diagnostic X-Ray, Two Weeks, September 17.
Clinical X-Ray, Two Weeks, by appointment.

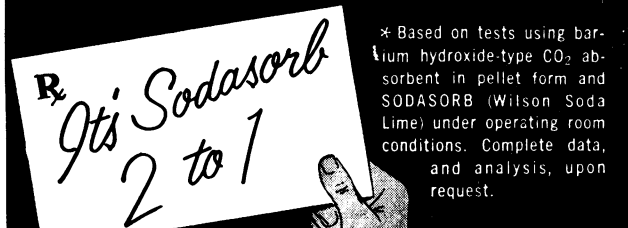
PEDIATRICS—Neurological Diseases: Cerebral Palsy, Two Weeks, June 18.

UROLOGY—Two-Week Course October 8.
Cystoscopy, Ten Days, by appointment.

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It took 20% less SODASORB by weight to fill a 15 cm. canister. Pound for pound, porous SODASORB granules go further.

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In industry its use has been widespread. Extensive reports concerning over 16,000 eye injuries treated with Sodium SULAMYD (1-3) attest to its value. Between 96 and 99 per cent of the injured personnel lost no time from work. Particularly noteworthy was its freedom from irritation and absence of side effects. Kuhn (4) uses it routinely after all eye trauma and comments on its remarkable safety: "Not a single case of drug sensitivity has resulted."



Sodium Sulamyd, R_x Brand of Sodium Sulfacetamide.

- (1) Dickson, R.M.: Brit. J. Ophth. 26:529, 1942.
- (2) Collier, E.: Brit. J. Phys. Med. 6:181, 1943.
- (3) Dickson, R.M.: Brit. J. Phys. Med. 7:77, 1944.
- (4) Kuhn, H.S.: Tr. Am. Acad. Ophth. 55:431, 1951.

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A three months combined full time refresher course consisting of attendance at clinics, witnessing operations, lectures, demonstration of cases and cadaver demonstrations; operative eye, ear, nose and throat on the cadaver; clinical and cadaver demonstrations in bronchoscopy, laryngeal surgery and surgery for facial palsy; refraction; radiology; pathology, bacteriology and embryology; physiology; neuro-anatomy; anesthesiology; physical medicine; allergy, as applied to clinical practice. Examination of patients preoperatively and follow-up postoperatively in the wards and clinics. Attendance at departmental and general conferences.

UROLOGY

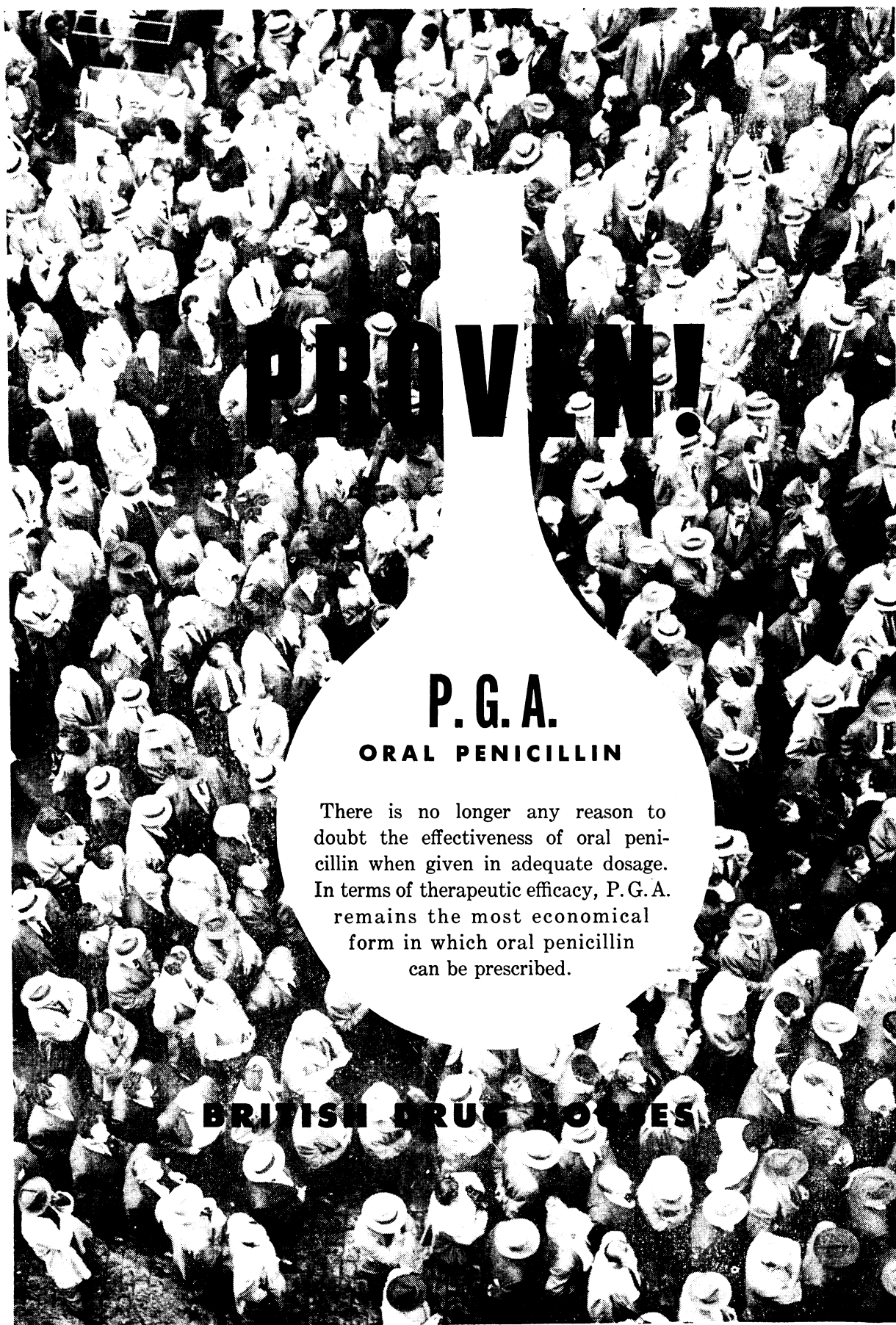
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